

SENDER: COMPLETE THIS SECTION

- ☒ Complete items 1, 2, and 3.
- ☒ Print your name and address on the reverse so that we can return the card to you.
- ☒ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Davidson County Circuit Court
P.O. Box 196303
1 Public Square, Suite 302
Nashville, TN 37219-6303

Case No. 3:21-cv-00312 DE # 8



9590 9402 2308 6225 9552 56

2. Article Number (Transfer from service label)

7016 2070 0000 9024 1966

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

H. Collins

☐ Addressee

B. Received by (Printed Name)

RECEIVED BY

C. Date of Delivery

5/6/2021

MAY 17 2021

If YES, enter delivery address different from item 1? ☐ Yes ☐ No

US DISTRICT COURT
MID DIST TENN

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

Domestic Return Receipt